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A place of understanding

Patients' lived experiences of participating in a sexual rehabilitation programme after heart disease

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Title: “A place of understanding: Patients’ lived experiences of participating in a sexual rehabilitation program after heart disease”.

Short running title: experiencing sexual rehabilitation

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Ethical approval

The study complies with the latest Declaration of Helsinki and was approved by the Danish Data Protection Agency (j.nr. 2007-58-0015) and has been approved by the Regional Ethics Committee (j.nr. H-4-2012-168). The CopenHeart_{sf} trial is registered at ClinicalTrials.gov (NCT01796353).

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A place of understanding: Patients' lived experiences of participating in a sexual rehabilitation program after heart disease

Abstract

Aims and objectives

The aim of this project is to explore the lived experience of participating in a non-pharmacological sexual rehabilitation program.

Background

In the health care system patients are important stakeholders, and their experience and knowledge is essential to include when evaluating rehabilitation programs. Patient experiences with participating in sexual rehabilitation for cardiovascular patients have not yet been investigated.

Methods

Ten qualitative interviews were conducted with male patients from a randomized controlled trial investigating the effect of a 12 week rehabilitation program focusing on sexuality. The analysis was inspired by Paul Ricoeur's theory of interpretation. Analysis consisted of three levels: (1) naive reading, (2) structural analysis, (3) critical interpretation and discussion. The theoretical

framework reflects aspects of behavioral theory of social cognitive theory developed by Albert Bandura, and his concept of self-efficacy.

Results

The findings are presented as themes extracted from the structural analysis and interpreted in the critical interpretation and express the way in which cardiovascular patients experience participating in a sexual rehabilitation program. Three themes were identified reflecting the intervention to be a special place of understanding, describing the intervention as a supporting atmosphere and finally expressing the intervention as empowering sexuality.

Conclusions

Participating in the sexual rehabilitation program was experienced as efficient, valuable, motivating and safe, but dependent on a professional setting. The intervention developed participants' self-efficacy with regards to their sexual performance and relationship.

Relevance to clinical practice

The findings highlight the importance of a professional setting including certain competencies such as humor and professional skills when handling the after-care of cardiovascular patients with sexual problems.

Keywords

Sexual health, cardiovascular, rehabilitation, exercise Intervention, qualitative Study.

Word count: 4988

Introduction

As patients are important stakeholders in the health care system, knowledge and experience from patients is essential to include when evaluating rehabilitation programs. Patient experiences with participating in sexual rehabilitation for cardiovascular patients has not yet been investigated.

Background

Sexual dysfunction is common among cardiovascular patients (1). Sexual dysfunction has a negative impact on quality of life and well-being (2,3). Sexual dysfunction in cardiovascular patients is caused by physical or psychological conditions, or as an adverse effect of the medical treatment (4), and often in a combination (5). In males with cardiovascular disease, erectile dysfunction and ejaculation problems are the most frequent problems (6,7). It is recommended that comprehensive cardiac rehabilitation should include sexual counselling (8), but this rarely happens in practice (9,10). Consensus and evidence on how or where patients with cardiovascular disease and sexual problems should be treated is lacking. Guidelines for medical treatment of physical erectile dysfunction exists (4) pointing to treatment with phosphodiesterase-5 (PDE-5) inhibitors, which are efficient and safe for most cardiovascular patients (4). However when medical treatment is contra-indicated or failing there seems to be no consensus on what treatment should be offered. Furthermore, PDE5-inhibitors are not helpful where a psychological etiology exists. Studies indicate that non-pharmacological interventions such as exercise training and sexual therapy may be beneficial (11–13), however no interventional trials exist to guide practice.

Therefore the CopenHeart_{sf} randomized controlled trial (RCT) was designed with the purpose of testing whether a non-pharmacological sexual rehabilitation intervention consisting of exercise training and psycho-education would improve male cardiovascular patient's sexual function (14,15). The primary outcome was the total sum score on the International Index of Erectile Function (IIEF), a questionnaire evaluating sexual function (16) and primary results from the RCT showed a statistically significant difference in favour of the sexual rehabilitation group (15).

According to Porter (17), value should always be defined around the patients, and in a well-functioning health care system, this means that when setting up a rehabilitation program, the meaning and fulfilment of patient needs should be evaluated. The purpose of this study was

therefore to explore the lived experience of participating in a non-pharmacological sexual rehabilitation program (the CopenHeart_{SF} trial).

Methods

Since the study focusses on human perception and the lived experiences of participation in a sexual rehabilitation program, a phenomenological-hermeneutical approach was chosen. The collection of data, the analysis and interpretation were inspired by the French philosopher Paul Ricoeur's phenomenological-hermeneutical philosophy, his theory of interpretation, and his theory of time and narrative (18,19). This approach places the study in line with several other studies inspired by the above-mentioned philosophy (20–22). According to Ricoeur, human experiences are indirectly expressed through language and require interpretation, which is why he expanded phenomenology to involve hermeneutics, which concerns understanding and interpretation of the written word (19). Ricoeur's theory of interpretation describes how we as human beings become aware of our participation in the world by expressing it. He states that by retelling an event, the past is brought into the present in order to shape the future, and by expressing meaning as it manifests around experiences with participation in a rehabilitation program, it is possible to become aware of the meaning of the program for the patients' in order to plan for proper rehabilitation that meets patients' sexual problems.

Furthermore the study reflects aspects of behavioral theory of social cognitive theory developed by the American psychologist Albert Bandura and his concept of self-efficacy (23,24). The social cognitive theory emphasizes that we as humans can decide how to behave, which is considered a cognitive process. Self-efficacy should be understood as the individual's own competence to carry out a given behavior. The self-efficacy concept is based on the premise that individuals can control their own thought processes, motivation and actions and are therefore also able to change themselves and their situations. According to Bandura, the perception of efficacy is influenced by four factors: mastery experience, vicarious experience, verbal persuasion, and somatic and emotional state (24). Mastery experience is related to prior success at having accomplished something that is similar to the new behavior whereas vicarious experience is gained by watching someone similar to self to have success. Verbal persuasion is related to encouragement by others

and somatic and emotional states reflect the physical and emotional states caused by thinking about undertaken a new behavior (24).

Design

Qualitative interviews were conducted with a purposive sample of 10 males with sexual dysfunction and either ischemic heart disease or patients treated with implantable cardioverter defibrillator (ICD). Patients were all participants from a RCT evaluating the effect of a sexual rehabilitation program consisting of 12 weeks physical exercise training including daily pelvic floor exercise, and psycho-educational consultations up to four sessions. A trial protocol and results from the RCT was published (14,15).

Recruitment and participants

Articulate and knowledgeable interviewees were chosen and variation was sought through:

- (1) age; representing both younger and older participants.
- (2) type of heart disease; ischemic heart disease or ICD.
- (3) type of sexual dysfunction; physical or a combination of physical and psychological.
- (4) setting for exercise training; supervised in-hospital/municipality training, home training or a combination of both.

We found that these 10 patients would provide a good insight into how this intervention would be experienced, knowing that including more patients could potentially add to the insight (25,26).

A nurse involved in the RCT (PPJ) approached the patients after they had completed the sexual rehabilitation program and a letter with written information was distributed. This was followed up by a telephone call providing additional information and, if needed, time to consider before consenting or declining. Patients were assured anonymity and informed that participation was voluntary and that they could withdraw their consent at any time. All ten of the approached participants consented and demographic details are presented in Table 1.

Data collection

Interviews were carried out in August and September 2016 and lasted between 45 to 75 minutes. All patients underwent interview in an undisturbed office room at the hospital. A female qualitative researcher (MM), with a nursing background and a PhD conducted the interviews. To assure consistency and openness a semi-structured interview guide was developed and used (Table 2.). With the aim of gathering the patients' in-depth accounts of their lived experiences of participating in the program, open questions were used, such as: 'Could you please tell me about your intentions of signing up for the program?' and 'Could you please tell me about your experiences from the program?' To provide reflections on participants sexuality, questions relating their earlier experience were also applied.

Participants were allowed to talk about experiences they found important, and only when narratives wandered too far from the research question, the interviewer gently guided them back. Interviews were recorded and subsequently transcribed. The transcribed material consisted of 185 pages.

Analysis

Two researchers (SKB,PPJ) carried out the analysis separately and thereafter discussed the findings with each other. Since the analysis and interpretation was inspired by Ricoeur, the analysis consisted of three levels: naïve reading, structural analysis, and critical interpretation and discussion (19). In naïve reading the text was read separately several times to grasp the meaning as a whole. The material was approached from a phenomenological view, meaning that reading sought to be open in order to gain an overall naïve understanding of the participants' experiences. The naïve reading guides the following structural analysis. The first reflections about what is said were noted here. Structural analysis moves from what is being said to what is talked about. First we read the whole text and divided it into units of meaning separately (what is said about participating in a sexual rehabilitation program). Meaning units consisted of 34 pages transcribed material. Structural analysis deals with patterns in the text that can explain what the text is saying. Secondly, the units of meaning were reflected upon in relation to the naïve reading. Units of meaning could be in the form of part of a sentence, a whole sentence or several sentences, each

of which, however, expressed 'only one meaning'. Explaining a text thus involves an objective approach to the text. Explaining what the text expresses means moving from what the text says to what the text is talking about. Therefore, the units of meaning were discussed and condensed jointly and significant units were constructed to identify what was talked about. Finally the significant units or the essence were condensed into three themes. A theme is a thread of meaning that penetrates text parts and identifies essential meaning of a lived experience (19) . The themes are seen in relation to the whole interview transcript and in the analysis part as a hermeneutical spiral. The critical interpretation continues with a discussion of the themes that were identified in the structural analysis, the purpose being to reach a new understanding of the possible dimensions of the patients' lived experiences with participation in the program. The deeper interpretation of the interviews concerns not what the patients wanted to say but what the interviews are about, and thus the movement between explanation and understanding in the interpretation process continues from what the interviews say to what they talk about. Thus it is an understanding process, in which theoretical perspectives are drawn on to help clarify and understand phenomena in the patients' lives (27). Throughout the whole interpretation process the empirical data guided the selection of theoretical perspectives. Examples of the structural analysis are presented in table 3. The table show meaning units, units of significance and the theme.

Results and interpretation

The findings are presented as themes extracted from the structural analysis and interpreted in the critical interpretation and express the way in which cardiovascular patients experience participating in a sexual rehabilitation program. Three themes were identified reflecting the intervention to be a special place of understanding, describing the intervention as a supporting atmosphere and finally expressing the intervention as being sexually empowering.

Place of understanding

Discussing sex and sexual problems are reported to be taboo subjects (10) and when entering the intervention most participants described negative experiences from the established setting. They received no prior information or support in relation to their sexual challenges. In contrast, when

participating in the CopenHeart_{5F} trial, patients had a valuable experience and found themselves in a special place of understanding.

They experienced a context where professionalism was used to create a trustful and positive setting and how a professional interaction with the health professionals was important. This is exemplified by one participant when he described the consultations: *“What is the person sitting in front of you like? Are they saying things straight ahead? You can easily ask questions the wrong way, or the attitude when you ask. Are they “know it all” or is it someone you can trust. Trust means a lot, and the team here has been good at this. I wouldn’t be here if they weren’t good”*.

This professional environment created dynamic interactions within the consultations, and promoted the development of individual emotional and practical skills as well as a new perception of self which had a positive impact on the patients’ self-efficacy. Bandura has showed that people with high self-efficacy generally believe that they are in control of their own lives (23). Thereby the intervention strengthened the patients’ perception of being in control which empowered the patient to act on their own and prepared them to engage in their daily social life and sexual relationships.

Responses from the patients state how important it was that the environment was open to emotionally laden topics such as sexuality and sex. This was exemplified in the following quote, by one participant: *“it is a delicate subject, many professionals can’t handle it. Here, they were really good at handling this. It was really okay”*. This was in contrast to the participants’ earlier experiences with the established system. The CopenHeart intervention created an environment in where emotionally difficult topics were met and embraced which provided affirmation of personal engagement for the patients. Self-affirmation according to Bandura (24) might enhance patient's ability to overcome earlier negative expectations and experiences of their own ability to talk about and deal with their sexual problems and to practice positive behavior.

Talking about sexuality often involves many metaphors and misunderstandings, and awkward situations tend to appear. Participants emphasized how a clear constructive communication was needed and how important it was that conversation was getting to heart of the matter. This was reflected upon their earlier experience in where participants experienced health professionals talking back and forth about sexuality and not really getting to the heart of the matter. One

participant stated: *“She (the nurse) was just good, called a spade a spade, but in a good way. She was constructive and precise in her advice, and then it was up to me to grab the challenge (new way of communicating with his spouse)”*. The perception is that patients receive constructive advice and widen their competencies in communication and thereby might experience a higher degree of self-efficacy created by a verbal persuasion encouraged by the nurse (24).

Overall, this place of understanding strongly influenced the capability of the patient in order to face the sexual challenges. According to Bandura’s theory of self-efficacy (24) this may be understood as the intervention supported the patient’s ability to approach his sexual challenges and managed to change the way he saw himself. The intervention thus had an impact on the patient’s social behavior and encouraged the patients to view the sexual challenges as something to be mastered rather than something to be avoided.

The supportive atmosphere

Participants expressed the view that team training motivated and encouraged them because it brought energy and fun. They talked about a special team spirit and some participants even gained new friendships, and a small group of patients started seeing each other privately after the training sessions. When describing the experience with the team training one participant stated: *“we yell and scream, we are old men yelling at each other, we have so much fun together”*. The perception is that a certain supportive atmosphere or spirit is experienced which motivates and pushes the participants to move forward. According to Bandura, peers can act as a potential strength in the development of self-efficacy and self-assurance and might function as social validation for the patients (28). Additionally these benefits might produce motivation to move on in life.

In contrast, some patients performed home-based exercise training, defined as exercise training either in their own home or at a local fitness center. Most of these patients were characterized by being familiar with exercise training and performing weekly sessions. They all had a history with years of exercise training before entering the trial and found motivation and confidence in training in their usual environment which also was a practical and logistic advantage for these patients. This could illustrate that those familiar with exercise training do not necessarily need the support of peers and health professionals. According to Bandura, all people have mastery experiences, and

mastery experiences are the most important way to boost self-efficacy (24). People are more likely to do well in new things if they can relate it to former successful events. Bandura describes the importance of how much a given new idea for the patients, such as exercise training, is experienced by them as fitting in with their existing habits, attitudes and norms in that area (28). This could explain how patients with good training routines have a lower degree of dependency of peers and health professionals.

Some participants were present when a man became ill during exercise training and was subsequently admitted to the emergency room. They didn't find this upsetting, rather it reassured them that they were close to help if needed and they experienced the team training to be safe. This is exemplified by a participant: *"During one of the sessions a guy became ill. The expertise was just nearby. It feels really safe to know that you are in the best hands"*. and it appears that they did not feel anxious or uncertain of exercise training.

Participants explained how friendships developed beyond the training sessions. They started to meet up after training, having a beer or two. One participant described: *"the last time I was there, we agreed to go out for a beer and it was really cozy, and after that I started to drop by the training center to meet the other ones because we had this thing going on, that was after my sessions ended"*. This quote illustrates how the participants can relate to other peers. Participants in the intervention suffered from the same problem, they were all aware that they were there because of their sexual problems and being in the same situation. According to Bandura relating to peers or social support can be a motivating and supporting factor and is probably why participants emphasized the importance of seeking each other's company (28).

Another supporting element experienced was technology. Many were comfortable with pulse watches, data from the bicycle, and apps on the phones reminding them of their exercise training three times a week, and some expressed a direct dependency on the technology to motivate themselves, and to be reminded. Technology clearly was a motivating and supporting factor. One participant stated: *"I had the pulse watch on so I couldn't skip training"* indicating that a need for motivation and if the pulse watch was not a part of the intervention it would have been easier to take shortcuts. A motivating emotional state is believed to positively impact self-efficacy, and support further engagement in the exercise training (23).

Sexually empowered

Participants perceived a significant improvement in their sexual performance, experienced an increase in desire, an improvement in erectile function, as well as in overall sexual satisfaction during the intervention. One participant stated: *"It works on the psyche as well. When the confidence arise the desire increases, much more – completely"*. They expressed that participating in the intervention improved their quality of life and courage of life. One patient expressed: *"I mean... this is an important program, it improves the quality of life for all and it is an area of taboo. You know... When you have been out of the game for a while.... then things change, and it can be really hard getting back on track. I would say go on with the program"*. This might indicate the importance of a comprehensive approach and that neither a sexual counselling intervention nor exercise training can stand alone. Patients were specifically emphasizing perceptions of the role of pelvic floor exercise as being efficient. It is highlighted by Bandura that the perceived difficulty of a task is of importance for perceived self-confidence (23). For the patients the pelvic floor exercise was experienced as being a simple and easy task to implement in daily life suggesting that this specific performance had a positive impact on the patients perceived self-confidence. Whereas some participants experienced this positive change in their sexual performance as stated here: *"You know. It works so that you can hold more blood right. And you also shoot longer when it finally happens"*, others experienced no positive impact at all. One participant described: *"Not like I hoped. I was hoping it would be like old times"*. Patients thus might feel they are put outside of control of own performance regarding sexuality which may result in a low sense of self-efficacy impairing the patients well-being. According to Bandura the experience of mastery is the most important factor determining the patient's self-efficacy; success in performing the pelvic floor exercise and the subsequent positive experiences of an improved sexual life will according to Bandura raise the patient's self-efficacy, while failure or not experiencing positive effects will lower it (24). Despite that fact, that some patients did not experience any positive impact, participants said that it was helpful to receive a comprehensive investigation of their sexual history, including a professional evaluation on the cause of the sexual problem. They gave the impression that participating was valuable which suggests that the intervention sustained hope and belief for the patients in their own capabilities lowering anger and guilt as stated by this participant: *"though my erection didn't get better it was still very good"*

to be a part of the program. I learned a lot about myself and got an idea of why I had my problem (sexual) and that it wasn't me that was the problem in our relationship".

Several participants experienced severe relationship issues and described problems in relation to communication and differences in sexual needs. Some described how communication over years had developed to be more defensive in contrast to earlier in life where it used to be more constructive. The patients were encouraged to practice their wording in the consultations. During the intervention participants gained new communication skills and received counseling advice to start a more helpful and fruitful conversation about sexuality and their individual sexual needs. This is illustrated in the following quote: *"It is important that you put the word right, you don't want to make accusations or attacks, but more: I feel that... you know, keep it on your own court. That works, you know"*. This reveals how participants, by receiving advice on communication improved their self-efficacy. According to Bandura, verbal persuasion along with mastery experiences is important when you want to increase self-efficacy (23). In this case the mastery experience was developed during the practice of their wording and their verbal persuasion from the nurse. This perceived efficacy might lead to developing confidence and strength in the patients to promote new self-generated strategies which may benefit their performance in their relationships. Viewed in this perspective, the intervention is suggested to empower the patient to self-help.

Participants was reflecting on their new skills and what they gained from the intervention on a more personal level which engendered courage and beliefs in one's own capabilities regarding sexuality. *"Then you can get some insight into yourself. About what really matters to me and what it means to have a good sexlife. And in that way have more courage to talk to my wife about it. I feel like...I know now that I can also do something myself"*. This statement illustrates how the patient's self-confidence increased and how the patient gained the ability to actively control his own situation (24).

Discussion

This study describes patients' lived experience of participating in a sexual rehabilitation intervention. The first theme that was described was that patients found that the intervention created a special place of understanding.

Prior to the intervention patients received sparse information or support in relation to their sexual challenges. This might reflect the fact that health professionals still find it difficult discussing sex, as described in a study by Jaarsma et al. (10) which concludes that health-professionals find that discussing sex might upset or embarrass the patient, and that they feel a lack of knowledge in questions regarding sexual matters. In contrast, patients participating in the CopenHeart_{SF} trial had a meaningful experience and found themselves in that special place of understanding. They experienced a context where humor and professionalism was used to create a respectful and positive setting. According to Steinke et al. (29) it is mandatory that a comprehensive sexual counselling consists of several factors, including competencies in exploring the patient's sexual history; counseling and communication techniques for use within a specific sexual counseling consultation; delivery of accurate information to patients; follow-up education or counseling; referrals to other healthcare professionals; and discussion of sexual concerns in various populations and situations. The patient's perception of the provider's knowledge, maturity, and willingness to discuss sexual issues also plays a role in facilitating an appreciative discussion. Participants said that they experienced a place in which discussion of sexual problems was met in a professional way. The nurse who conducted the consultations had several years' experience in cardiology; was familiar with cardiac rehabilitation consultations; as well as being qualified in an intensive sexology course. All these factors created a professional setting for comprehensive sexual counselling and an environment open to emotionally laden topics such as sexuality and sex. Furthermore patients experienced a certain supportive atmosphere in which they found encouragement and support. Simonÿ et al. (30) found in a group of cardiac rehabilitation patients a similar tendency for a mutually supportive team spirit to encourage and cheer one another and for some participants they were depending directly on peer support. A review by Parry et al. (31) confirmed the positive experience with regards to peer support. They found that support from peers had a positive effect on self-efficacy; however this was in heart patients in general and was not related to sexuality. Patients described how participating in the program helped gain more confidence in their erection and also how they experienced a better and more firm erection. This supports previous findings from studies evaluating single interventions consisting of either an exercise training component or a therapeutic component (11,12).

Technology clearly was a motivating and supporting factor for the participants. This is in accordance with a study by Karmali et al. (32) who investigated factors for adherence in cardiac rehabilitation and found that monitoring of activity, action planning and tailored counselling by the cardiac rehabilitation team were all supportive and motivating for high adherence. Participants described a secure and motivating environment and it appears that they did not feel anxious or uncertain of exercise training, which is in line with other research findings where team training is experienced as securing and supportive (33). However, in contrast other findings show that some cardiovascular patients are dealing with an existential anxiety regarding exercise training (30). Patients described how the program empowered them to communicate in a more constructive way. According to Litzinger et al. (34) good communicating skills are, along with sexual satisfaction, essential for having a good overall relationship satisfaction. Though, it seems that good communication skills are the most important factor in maintaining a good relationship satisfaction (34). This is also expressed by the participants, who speak about the importance of openness and constructive communication and how they, despite that their erection did not improve, had a positive experience of participating in the program.

Trustworthiness

Within the hermeneutical qualitative methodology credibility, transferability, dependability and conformability can be used to assess a study's trustworthiness (35). Credibility refers to the congruence between the realities of the interviewees and the results. The person conducting the interview was a skilled interviewer and researcher within qualitative research, yet with limited experience in cardiovascular disease, as well as sexual problems. This secured a natural curiosity for pursuing the underlying truth. Only two of ten participants had an ICD in comparison to patients with ischemic heart disease. This may be reflected in the results, and should be taken into account considering transferability of findings. However, relevant information regarding demographic data, exercise place, number of consultations, and time and place of the interview were presented. To ensure the dependability criteria, we sought to be as traceable and documentable in the research process as possible. Therefore we presented the background, methodology, methods, processes and analysis. Conformability is related to the integrity of the

findings that are rooted in the data. Thus, we presented the process of analysis, quotes, and meaning units leading back to the interviewees that support each finding.

Limitations

The participants were recruited as part of a randomized trial, which may have influenced the general representativeness of patients with heart disease and sexual problems. However the focus was on patients experience with participation in a rehabilitation programme end therefor the study population seemed resonable.

Participants were not invited to reflect on our findings nor did they comment on the transcribed material which can be seen as a limitation. Furthermore, all the interviews took place at the hospital, a location that for some interviewees represents a lifesaving setting to which they feel a greta amount of gratitude. That could have influenced the results too.

This study is limited to males and cannot conclude on sexual rehabilitation in general.

Conclusion

Summarizing, three themes were identified: 'a place of understanding' in where patients state a special need for a respectful environment open for emotionally laden topics; a theme describing a 'supportive atmosphere' that encourage and support to persistently exercise training; and finally the intervention was experienced as 'empowering sexuality' in where patients described how they developed new skills to help constructive communication with their spouses and gaining a better sexuality. Participating in the sexual rehabilitation program in general was experienced as efficient, meaningful, motivating and safe, but dependent on a professional setting. Overall the intervention developed participants self-efficacy with regards to their sexual performance and relationship.

Relevance to clinical practice

When planning after-care or rehabilitation programs for cardiovascular patients with sexual dysfunction, learning s from the themes identified on: a special place of understanding,

supporting atmosphere and empowering self-help should be integrated as important focus areas to ensure that patients can return to a satisfying sexual life after a cardiac disease. The findings of this study, as well as previous research, highlight the importance of a professional setting including certain competencies and knowledge within the sexology speciality when handling the after-care of cardiovascular patients with sexual problems. These specific competencies are not mandatory in most rehabilitation settings in Denmark, and might lead to patients not being met and helped with their sexual problems. This emphasizes a need for rethinking cardiac rehabilitation. As the condition is often multifaceted, the optimal approach should include a thorough investigation of the origin of the sexual problem and a subsequently individualized strategy. Some patients might benefit from pelvic floor exercise as a single intervention, whereas others might need a more comprehensive approach including physical exercise training, sexual counselling, medication and couples therapy. When planning after-care the learnings from the theme supporting atmosphere should be in focus since many of the identified factors such as gadgets like pulsewatches, apps on the phone are easy adaptable in a rehabilitation setting and in persons life in general. Furthermore, the valuable lessons patients learn about themselves with regards to empowering sexuality is something that needs to be articulated and put in writing as it is subtle knowledge and experience for most. By illustrating the possible gain it becomes more valuable.

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Tables

Table 1. Demographic and clinical characteristics of participants										
	N1	N2	N3	N4	N5	N6	N7	N8	N9	N10
Age	53	68	69	35	69	58	58	72	65	72
Patient group	IHD	IHD	IHD	IHD	IHD	IHD	ICD	ICD	IHD	IHD
Type of SD	Physical	Physical	Physical	Physical	Combined	Physical	Combined	Combined	Physical	physical
Exercise place	Hospital	Hospital	Hospital	Combined	Hospital	Combined	Combined	Hospital	Combined	home
No of sexual consultations	3	2	3	2	3	3	4	3	3	2
IHD = Ischaemic Heart Disease, ICD = Implantable Cardioverter Defibrillator, SD= Sexual Dysfunction, Combined= physical and psychological causes of sexual Dysfunction										

Table 2. Interview guide
The following open-ended questions were explored: Can you tell me about your experiences with your sexual function in relation to your heart

disease?

Can you tell me about the information you have received in relation to your heart disease and potential sexual problems? Can you tell me about your thoughts about participating in a study targeting sexual problems? Can you tell me about your experiences of participating in the rehabilitation programme?

How did you experience the different parts of the intervention?

How was your sexuality affected by the rehabilitation programme?

Meaning unit (What the male says)	Units of significance (What the male talks about)	Theme
<i>“What is the person sitting in front of you like? Are they saying things straight ahead? You can easily ask questions the wrong way, or the attitude when you ask”. “Are they “know it alls” or is it someone you can trust. Trust means a lot, and the team here has been good at this. I wouldn’t be here if they weren’t good”</i>	Professional environment created dynamic interactions	Place of understanding
<i>“It has been really good talking with people that are calm and professional about sexuality, they take you seriously – and I had a professional</i>	Environment was open to emotionally laden	

<i>evaluation of my problem."</i>	topics	
<i>"It is a delicate subject, many professionals can't handle it. Here, they were really good at handling this. It was really okay".</i>	Getting to the heart of the matter	
<i>" She (the nurse) was just good, called a spade a spade, but in a good way. She was constructive and precise in her advice, and then it was up to me to grab the challenge (new way of communicating with his spouse)".</i>		
<i>"We yell and scream. We are all old men yelling at each other".</i>		
<i>"We have so much fun together".</i>	Team training	The supportive atmosphere
<i>"going there - meeting up with the other guys was the thing that that made it for me".</i>	motivates	
<i>"During one of the sessions a guy became ill. The expertise was just nearby. It felt really safe to know that you are in the best hands".</i>	Being around professionals during exercise training is safe	
<i>" The last time I was there, we agreed to go out for a beer and it was really cozy, and after that I started to drop by the training center to meet the other ones because we had this thing going on, that was after my sessions ended".</i>	Friendships developed	
<i>" we were all in the same boat, that made a special bond between us. We had some really good talks, not just talks about this and that, but really good talks"</i>	Support by technology	
<i>"I had the pulse watch on so I couldn't skip training".</i>		
<i>"I persuaded Signe (the physiotherapist) to get the diary when we finished. I put the information on my phone so that I have it. Then I can perform the exercise training programme at home whenever I like".</i>		Sexually empowered

Pelvic floor exercise
efficient and easy to
perform

"things have gotten stronger down there (pointing towards the genitals). I think the pelvic floor exercises takes a good part of the responsibility for the overall improvement. I'm gonna go on with that"

"You know. It works so that you can hold more blood right. And you also shoot longer when it finally happen".'

"It is a small price for a good effect".

"Pelvic floor training programme it is so simple and it helps. So continue for God's sake, if you can".

"Though my erections didn't get any better it was still very good to be a part of the programme. I learned a lot about myself and got an idea of why I had my problems (sexual) and that it wasn't me that was the problem in our relationship".

Helpful learning about
themselves

'It is important that you put the word right, you don't want to make accusations or attacks, but more: I feel that... you know, keep it on your own court. That works, you know".

"when I followed the programme .. the exercises .. I realized that some of the symptoms i was experiencing was due to being in a really poor shape. Along the way I got more more and more comfortable with my own body. I was'nt paying so much attention to them any longer "

"It works on the psyche as well. When the confidence arise the desire increases, much more, completely".

"The sun is shining,.. I drive around in my truck and all the girls are wearing those short summerdresses and then the thoughts are coming back"

Creates more desire

"I mean... this is an important programme, it improves the quality of life for all and it is an area of taboo. You know... When you have been out of the game for a while.... then things change, and it can be really hard getting

back on track. I would say go on with the programme".

Improves quality of life
and helps you back on
track.

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